

Plan Benefit Highlights for:	PPO Unlimited with Orthodontic, 3rd Cleaning
Group No:	Active and Cobra (Retirees exclude Orthodontic)

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
Deductibles	In-Network: N/A Out-of-Network: \$25 per person, \$75 per family, per plan year		
Deductibles waived for D & P?	In-Network: N/A Out-of-Network: No		
Maximums	The maximum benefit paid per calendar year is \$Unlimited per person in-network*** The maximum benefit paid per calendar year is \$1,000 per person out-of-network		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**
Diagnostic & Preventive Services (D & P) Exams, (3) cleanings per cal-year, x-rays	100 %	50 %
Basic Services Fillings, simple tooth extractions, sealants	100 %	50 %
Endodontics (root canals) Covered Under Basic Services	100 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	50 %
Oral Surgery Covered Under Basic Services	100 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	100 %	50 %
Prosthodontics Bridges, dentures, implants***	60 %	50 %
Orthodontic Benefits Adults and dependent children	100%	100%
Orthodontic Maximums	Separate \$1,000 Lifetime maximum per person	
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

- * Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.
- *** Implants are paid at 60% in-network limited to a \$2,000 annual maximum /50% out-of-network limited to a \$1,000 annual maximum.

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